DOCUMENT RESUME

ED 289 120 CG 020 386

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TITLE Egotism among the Depressed: When Self-Protection Becomes Self-Handicapping.
PUB DATE 1 Sep 87
NOTE 13p.; Paper presented at the Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Achievement; *Attribution Theory; College Students; *Depression (Psychology); *Egocentrism; Failure; *Helplessness; Higher Education; *Motivation; Psychological Patterns; *Self Esteem

ABSTRACT

The reluctance of depressed people to try hard may result not from their low expectancy for success, as Learned Helplessness Theory suggests, but rather from egotistic motivation to preserve whatever self-esteem they still have. Two studies were conducted using a paradigm which permitted a direct comparison of Learned Helplessness Theory and Egotism Theory as explanations for the motivational deficit associated with the performance of depressed subjects in an achievement situation. The purported difficulty of a task was manipulated to examine whether relatively depressed persons persisted less as the task grew more difficult, as Learned Helplessness Theory must argue, or whether they persisted more, as Egotism Theory predicts. The results showed that relatively depressed college students persisted longer in their attempts to solve a puzzle when it was described beforehand as extremely difficult compared to when it was purported to be moderately difficult. Subjects also were more likely to blame their lack of success, especially in the moderate difficulty condition, on too little and too much effort, as well as on their being anxious and worried, relative to their less depressed counterparts. These findings provide evidence that depressed persons engage in egotistic behavior when their self-esteem is threatened by potential failure. (Author/NB)

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Egotism Among the Depressed: When Self-Protection Becomes Self-Handicapping

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Presented at 95th Annual Convention of the American Psychological Association on Tuesday, September 1, 1987 at the Symposium - Self-Defeating Behaviors: Situational and Dispositional Factors.

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Abstract

This paper describes two experiments which provide evidence that depressed persons engage in egotistic behavior when their self-esteem is threatened by potential failure. We found in these two experiments that relatively depressed college students persisted longer in their attempts to solve a puzzle when it was described beforehand as extremely difficult compared to when it was purported to be moderately difficult. They also were more likely to blame their lack of success, especially in the moderate difficulty condition, on too little and too much effort, as well as on their being anxious and worried, relative to their less depressed counterparts. The relative merit of two explanations for these findings, learned helplessness and egotism, is discussed.

Egotism Among the Depressed: When Self-Protection Becomes Self-Handicapping

About twelve years ago Mel Snyder and I became interested in what happens to people when they are unable to control events which are important to them. We were intrigued by a 1975 paper by Hiroto and Seligman which seemed to demonstrate that experience with such uncontrollable events made people helpless. Learned helplessness was the explanation offered by these and other researchers for the performance deficit typically found in subjects first exposed to outcomes over which they had no control. Proponents of Learned Helplessness Theory (e.g. Seligman, 1975) argue that inability to control events produces motivational, cognitive, and affective consequences which are likely to impair subsequent performance, particularly when the inability to control such events is attributed to internal, stable, and global factors (Abramson, Seligman, & Teasdale, 1978). For instance, If I believe my inability to control events is produced by a broad and relatively enduring shortcoming that I possess, it seems reasonable to suspect that I will not try to control outcomes related to this shortcoming in the future.

Conceptualizing uncontrollable outcomes as failure, however, suggested to us that other explanations for this performance deficit were just as likely. For example, failure on one task may make some people anxious and worried about their performance on a second. Anxiety about performance could interfere with performance by disturbing concentration (Sarason, 1961, 1975) and it could also encourage the withholding of effort in an attempt

to produce a less threatening explanation for failure than the one which would follow trying hard and performing poorly. By not trying very hard, subjects employ an egotistic strategy which permits them to avoid attributing failure to lack of ability, an explanation for failure which seems more threatening to self-esteem than an attribution to low effort.

Since learned helplessness and egotism both seem to be viable explanations for why uncontrollable outcomes would promote reduced effort expenditure, we decided to search for a strategy which would permit us, in effect, to pit one explanation against the other. The literature on failure anxiety gave us the key (Birney, Burdick, & Teevan, 1969; Feather, 1963; Karabenick & Youssef, 1968; Sarason, 1961, 1975).

If people who are truly helpless are told their task is next to impossible they ought to give up relatively quickly. But if people who are anxious about the implications of failure are told the same thing they should increase their efforts since the difficulty of the task provides a readily available explanation for failure should it occur. For these latter individuals there is no longer a need to withhold effort in an attempt to avoid an attribution to ability.

Today, there are several studies documenting what has come to be known as the egotism explanation for the poor performance which often follows experience with uncontrollable events (e.g. Frankel & Snyder, 1978; Kernis, Zuckerman, Cohen, & Spadafora, 1982; Miller, 1986). Subjects who are deprived of control on one task may withhold effort on a second, not because they are helpless, but in order to provide themselves with a less

threatening explanation for poor performance. When circumstances are arranged so that subjects no longer have to worry about the implications of failure, such as when a task is described as extremely difficult, they do better than when the task is described as only moderately difficult. Learned Helplessness Theory cannot explain this result. It has no device for predicting increased performance under relatively low expectancy conditions.

Over the last couple of years we have been focusing on the application of egotism principles to understanding depression, and believe that they can provide a viable explanation for why some depressed persons may do poorly in achievement situations. Specifically, we believe the reluctance of depressed persons to try hard may not result from their low expectancy for success, as Learned Helplessness Theory suggests, but rather from egotistic motivation to preserve whatever self-esteem remains. We are suggesting that by not trying, the depressed are simply trying to protect themselves from the attributional consequences of failure. Others share the notion that depressed persons are motivated to protect what is likely to be a fragile self-image. Snyder, Higgins, and Stucky (1983) have suggested that depression can be used to pre-empt criticism and lower demands, and Pyszczynski and Greenberg (1987) have proposed that the depressed may expect the worse, not so much because of low expectations, but essentially to minimize disappointment. And Pietromonaco and Rook (1987), who found that the depressed assigned greater weight to risks in decision making than the nondepressed, have suggested that the depressed are "motivated by a desire to protect fragile

feelings of self-worth from the potential risks of embarrassment, rejection, or conflict" (p. 400).

We believe the depressed may not give their best effort in certain situations not so much because they are convinced their efforts will go entirely unrewarded, but rather because they recognize that by self-handicapping themselves they make available an excuse that would not be available if they had tried hard. Recent evidence by Schouten and Handelman (1987) suggests that the depressed may in fact be accurately perceiving a norm which would reinforce such behavior, that is, a norm which considers depressive symptoms as an acceptable excuse for reduced accomplishment.

In two studies described below we employed a paradigm which permits a direct comparison of Learned Helplessness Theory and Egotism Theory as explanations for the motivational deficit associated with the performance of depressed subjects in an achievement situation. By manipulating the purported difficulty of a task we were able to see whether relatively depressed persons persisted less as the task grew more difficult, as Learned Helplessness Theory must argue, or whether they persisted more, as Egotism Theory predicts.

Overview of Experiment 1. In our first experiment we employed a 2 x 2 x 2 design. Relatively depressed and nondepressed college students (as determined by their scores on the Beck Depression Inventory) were given either solvable or unsolvable problems (see Frankel and Snyder, 1978) and then told their next task, a very difficult five piece puzzle, was either

moderately or extremely difficult. Following their attempt to piece together this five piece puzzle into a five-pointed star, which was permitted to last no longer than fifteen minutes though subjects were unaware of this fact, subjects completed a questionnaire in order to check on our manipulation of controllability and to see whether they would utilize excuses made available to them (e.g. "I didn't try very hard"; "I tried too hard").

Major Findings. Our manipulation of controllability was successful, and subjects given controllable outcomes in the form of solvable problems persisted longer on the puzzle than subjects given uncontrollable outcomes/unsolvable problems, 7.64 minutes *v* 6.09 minutes, $t(68) = 1.80$, $p < .10$, replicating what has come to be called, eroneously we think, "the learned helplessness effect".

Consistent with the egotism perspective, depression and alleged task difficulty interacted significantly, $F(1,68) = 9.41$, $p < .003$. When the puzzle was described as moderately difficult, the less depressed subjects persisted longer than the more depressed subjects, 8.71 minutes *v* 5.69 minutes, $t(68) = 2.46$, $p < .02$. This result replicates, on a measure of persistence, the often reported performance deficit for the depressed. This deficit, however, is eliminated and nearly significantly reversed when the puzzle is said to be extremely difficult, with low depression/extreme difficulty subjects persisting 5.41 minutes and high depression/extreme difficulty subjects persisting 7.65 minutes, $t(68) = 1.87$, $p < .10$. In addition, the low depression group persisted less, and the high depression group more, when the puzzle was described as extremely rather than moderately

difficult, $p < .01$ and $p < .11$, respectively. Interestingly, the more depressed subjects were more likely to indicate on the questionnaire that they had actually tried too hard on the first set of problems than their less depressed counterparts, $p < .02$.

Overview of Experiment 2. Because of the statistically marginal finding concerning the tendency of the depressed to persist more when they believed their task was extremely as opposed to moderately difficult, we decided to conduct a second experiment in an attempt to replicate this effect. Given that the solvability of the problems on the first task was not implicated in the relationship of depression to persistence, and that depression is often conceived in learned helplessness research as the functional equivalent of experience with uncontrollability or failure, we omitted the variation of problem solvability in the second study. The basic design of this second study, then, was a 2 x 2, depression category by alleged task difficulty.

Major Findings. We again were interested primarily in how the depressed would respond to the difficulty manipulation. Would they persist less as difficulty increased, as Learned Helplessness Theory predicts, or would they persist more, as in the first study, as Egotism Theory predicts? We found that the high depression group persisted over three minutes longer when the puzzle was described as extremely difficult as compared to moderately difficult, $t(44) = 2.01$, $p < .05$. This finding replicates a result obtained in the first study that fell slightly short of significance.

We also found in this second study that the more depressed were more likely to claim they would have done better if they had tried harder, but they did so only in the moderate difficulty condition where they actually persisted less than the relatively nondepressed. This self-report becomes intriguing since these same subjects also claimed to be trying too hard across both difficulty conditions. In fact, for the highly depressed subjects the correlations between these two self-report measures -- not trying hard enough and trying too hard -- are significant in both difficulty conditions. Finally, in the moderate difficulty condition, the relatively depressed reported feeling more anxious, worried or preoccupied than the less depressed, $p < .01$. In the extreme difficulty condition this difference is only marginally significant, $p < .15$.

Discussion. We found in two studies the relatively depressed persisting longer when their task was ostensibly more difficult. These findings indicate that the depressed share with the failure anxious (Feather, 1961, 1963; Karabenick and Youssef, 1968; Sarason, 1961) and those given unsolvable problems (Frankel and Snyder, 1978; Kernis, Zuckerman, Cohen, and Spadafora, 1982; Miller, 1985; Snyder, Smoller, Strenta, and Frankel, 1981) a propensity to respond to high levels of difficulty with increased effort. In each case the explanation we offer is the same. These three groups, because of their concern about the implications of failure, are often reluctant to put forth a good effort because to do so and fail would point with little equivocation toward an apparent lack of ability. These individuals are not, however, without the desire to achieve.

Once their concerns about the repercussions of failure are assuaged, as they are when the task is described as extremely difficult, they perform better and persist longer.

Recently, we came across a newspaper article about Martina Navritalova who is considered one of the best women's tennis players of all time. She was quoted, after recent losses to younger rivals , that she was " afraid to play my best .... I was scared to find out if they could beat me when I'm playing my best because if they can, then I am finished" (Providence Journal Bulletin, 1987). Imagine how difficult it might be for the depressed to experience another instance further confirming their lack of efficacy and consider the possibility, made evident we think in the two studies reported here, the depressed are likely to be motivated to avoid such disconcerting information by engaging in self-protection in the form of self-handicapping.

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